

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814
(916)322-8495



July 27, 1979

FSD LETTER NO. 79-25 (INFORMATION)
ALL-COUNTY INFORMATION NOTICE I- 81-79

TO: ALL COUNTY WELFARE DIRECTORS
ALL DISTRICT ATTORNEYS
ALL TITLE IV-D AGENCIES

SUBJECT: PROPOSED REVISION OF FORM CA 2.1, CHILD SUPPORT QUESTIONNAIRE

REFERENCE:

Form CA 2.1 (previously WR 2.1), Child Support Questionnaire, is a required form normally completed in the county welfare department as part of the AFDC application process and transmitted to the district attorney's office where the information gathered is utilized in initiating child support activities.

Form CA 2.1 was revised in September, 1975 to meet the requirements of the Title IV-D Child Support Program. Deficiencies in the form have since become apparent. We are therefore requesting your assistance in further revising Form CA 2.1 to best meet county needs. A copy of the current form is attached to this letter for your reference.

As Form CA 2.1 must accomodate the needs of the county welfare department as well as those of the district attorney's office, we are looking for comments from both agencies on form content, format, and utilization.

Any criticisms regarding the existing Form CA 2.1 or comments and suggestions for improvement should be submitted by August 31, 1979 to:

Department of Social Services
Child Support Management Bureau
744 P Street, Mail Station 19-19
Sacramento, CA 95814

Attention: Ingrid Petty

For further information or to discuss form changes, please call Ingrid Petty of the Child Support Management Bureau at (916)322-8495.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Kyle S. McKinsey'.
KYLE S. MCKINSEY
Deputy Director

Attachment
GEN 654a (8/76)

REQUIRED FORM -- NO
SUBSTITUTE PERMITTED

CHILD SUPPORT QUESTIONNAIRE

COUNTY USE ONLY	WELFARE CASE NAME	WELFARE NUMBER	DATE OF APPLICATION
	TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Reapplication <input type="checkbox"/> Additional Child <input type="checkbox"/> Transfer from		

If the parent or parents of any of the child/children for whom assistance is requested are living but are absent from the home, complete the following information. PLEASE PRINT IN INK.

ABSENT PARENT'S LAST NAME		FIRST NAME		MIDDLE NAME		ALSO KNOWN AS (ALIASES)	
LAST KNOWN ADDRESS (STREET, CITY, STATE)				APPROXIMATE DATE		ABSENT PARENT'S BIRTHPLACE	
BIRTHDATE							
DESCRIPTION: <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> HAIR COLOR <input type="checkbox"/> EYE COLOR <input type="checkbox"/> HEIGHT <input type="checkbox"/> WEIGHT <input type="checkbox"/> MARKS, SCARS, AMPUTATION, TATTOOS, ETC.							
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		STATE		MARK OF CAR	
NAME OF AUTOMOBILE FINANCE COMPANY		ADDRESS OF FINANCE COMPANY (STREET, CITY, STATE)					
ABSENT PARENT'S USUAL OCCUPATION		NAME AND ADDRESS OF LAST KNOWN EMPLOYER				UNION MEMBERSHIP	
IS EMPLOYMENT TERMINATED?		IF YES, APPROXIMATE DATE		IS ABSENT PARENT (CHECK IF PERTINENT)			
<input type="checkbox"/> NO <input type="checkbox"/> YES				<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> A PUBLIC EMPLOYEE <input type="checkbox"/> STUDENT			
IS ABSENT PARENT IN THE MILITARY?		IF YES, GIVE BRANCH, RANK AND WHERE STATIONED					
<input type="checkbox"/> NO <input type="checkbox"/> YES							
IS ABSENT PARENT A VETERAN?		IF YES, RECEIVING BENEFITS?		AMOUNT OF VETERAN'S BENEFITS			
<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		\$			

FRIENDS OR RELATIVES OF ABSENT PARENT

NAME	ADDRESS	RELATIONSHIP
NAME	ADDRESS	RELATIONSHIP

REASON FOR ABSENCE: <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deported <input type="checkbox"/> Jail or Prison <input type="checkbox"/> Never Married <input type="checkbox"/> Other							
DATE OF MARRIAGE	DATE	PLACE OF DIVORCE	DATE	PLACE LAST LIVED TOGETHER	DATE		
DOES THIS PARENT PAY SUPPORT MONEY?		IF YES				AMOUNT PER MONTH	
<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TO YOU DIRECTLY <input type="checkbox"/> THROUGH A COUNTY AGENCY				\$	
DATE OF LAST SUPPORT MONEY		AMOUNT		IS THERE A COURT ORDER FOR SUPPORT BY THIS PARENT?		ORDER NUMBER	
				<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, COMPLETE NEXT LINE			
DATE OF ORDER		COUNTY OF ORDER		STATE OF ORDER		AMOUNT ORDERED	
						\$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	
HAS THIS ABSENT PARENT EVER BEEN ARRESTED?		IF YES, WHERE, WHEN, WHAT FOR					
<input type="checkbox"/> NO <input type="checkbox"/> YES							

ABSENT PARENT'S CHILDREN

CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE
CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE
CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE

The whereabouts of absent parent have been unknown to me since (approximate date)

APPLICANT'S NAME (FIRST, MIDDLE, LAST)		MAIDEN NAME	
ADDRESS		TELEPHONE NUMBER	
BIRTHPLACE		DRIVER'S LICENSE NO.	
		SOCIAL SECURITY NUMBER	
RELATIONSHIP TO ABSENT PARENT: <input type="checkbox"/> Spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Casual <input type="checkbox"/> Other, specify			

☐ I feel that providing this information would not be in the best interest of the child(ren) for whom this assistance is being requested. I will appear at the office of the district attorney to show good cause for refusing to provide this information.

SIGNATURE OF APPLICANT		DATE	
ELIGIBILITY WORKER'S NAME		ELIGIBILITY WORKER'S SIGNATURE	
		ELIGIBILITY WORKER'S NUMBER	